

Pedal Cab Operator License Application

Pursuant to Madison General Ordinance 11.06

Fee: \$200/two years (\$125/initial year) + \$30/vehicle/
year

Renewal Fee: \$100/two years + \$30/vehicle/
year

1. Applicant Name James Sydon E-Mail _____ Home Phone # 414-465-8294
Address 1216 E. GRADY St. Apt. #2
MILWAUKEE, WI James.sydon@gmail.com
Home Address 53202

2. Company Name El Caballo Pedicabs Business
Business Telephone Number 414-465-8294

3. Indicate method type of fare or gratuity collection (select or explain how customers are charged for trip):

Gratuity/Tip	<u>X</u>
Gratuity with Minimal Charge	_____
Per hour charge	_____
Per mile charge	_____
Per Block	_____
Other- explain	_____

4. Describe the pedal cab vehicle (Make, model, type, age).

2012 Pedallal Wide Body non-electric
Purchased February 2013

6. Name of Insurance Company Nielson Insurance Agency
Name of Insurance Agent Taira Stronach
Business Address 12587 SW 68th Ave
Business Telephone Number Tigard, OR 97223
E-Mail Address _____ (503) 684-6598
taira@niagency.com

8. Is applicant a corporation? Yes No

If yes, give names and addresses of board of directors, and address of corporation:

Name	Address

9. Is applicant a partnership? Yes No

If yes, give names and address of all partners:

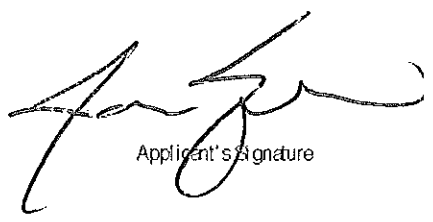
Name	Address

Does the applicant agree that he/she has read and is thoroughly familiar with the ordinances of the City of Madison pertaining to the licensing and regulating of pedal cabs in the City of Madison, and agrees to abide by these and all other ordinances of the City and laws of the State of Wisconsin?

- Yes - No

Subscribed and sworn before me

this 18 day of September, 2013.


Applicant's Signature


Notary Public
My Commission Expires 5/19/17

Pedal Cab Vehicle List Schedule A

Company Name _____

Model Year	Class & Make	Owner/ Title Holder	Serial #	Permit #	Type of Service	Office Use			
						State Reg.	Ins.	Meter	Insp.
2012	Pedillo Wide Body	El Caballo Pedicab	Y55T1204252						

Office Use Only:

Rate allowed by operating license: Meter Zone Flat Limousine

Submission Date: _ _ _ Last Rate Change Submitted: _ _ _

Distribution:

† City Division of Traffic Engineering

† City Police Department

License #

403 Para-Transit Operating

405 Public Passenger Vehicle/Pedal Cab

406 Horse-Drawn Vehicle

408 Pedal Cab Service

Pedal Cab Filing Affidavit

State of Wisconsin)
) County of Dane)

James Snow

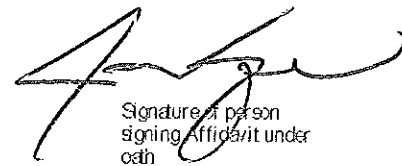
, being first duly sworn on oath, deposes and says:

1. That the affiant owns , operates , or manages a pedal cab business in the City of Madison, doing business as El Caballo Pedicab.
2. That as of the date of this Affidavit, (Company Name) El Caballo Pedicab, (Address) 1216 E. Brady St. Milwaukee, WI, 53202, was the owner of the vehicles listed on Schedule A shown on the reverse side of this Affidavit and incorporated herein.
3. That the schedule of fares to be charged in the operation of each of the vehicles as pedal cab is: (check boxes to indicate which pedal cab rates, gratuities, or minimum charges are applicable)
 Gratuity only
 Gratuity with minimal charge (list amount)
 Per hour charge
 Per Mile charge
 Per trip charge
4. a) That attached to this Affidavit for deposit with the City Clerk is a Policy or Certificate of Liability Insurance specifying insurance coverage of the types and amounts required by Section 11.06(8) (b) of the Madison General Ordinances, and specifically indicating that said insurance coverage is applicable to the vehicle identified on the said Schedule A; and
b) That also attached to said Policy or Certificate of Liability Insurance is a Certificate of Compliance from the State of Wisconsin Office of the Commissioner of Insurance showing the insurance company is licensed and authorized to transact pedal cab insurance coverage in the State of Wisconsin; and
c) That said insurance policy contains a provision that the same may not be cancelled before the expiration of its term except upon thirty days' written notice to the City of Madison.
5. That this Filing Affidavit is made to comply with the provisions of Section 11.06 of the Madison General Ordinances described herein.

Subscribed and sworn before me

this 18 day of September, 2013.


Notary Public
My Commission Expires 5/19/17


Signature of person signing Affidavit under oath

